# Implementing Evidence-Based Practices to Prevent Substance Abuse and Mental Health Problems for Older Adults



#### **OLDER AMERICANS**

Substance Abuse & Mental Health Technical Assistance Center



#### Overview

- Summary of recent TAC efforts to increase knowledge and dissemination about evidence-based practices for older adults
- State of implementation science resources
- Principles and components of implementation
- Implementation as a process
- Specific implementation strategies and examples of older adult prevention programs





# Older Americans Substance Abuse & Mental Health Technical Assistance Center

- Funded in September 2004 by SAMHSA Center for Substance Abuse Prevention (CSAP)
- Created to bring attention to individuals ages 55 and older

#### **Overarching Goal**

 To create sustainable changes in the field of geriatrics around substance abuse and mental health for increased recognition and planning efforts





#### **Technical Assistance Center Priorities**

- Provide technical assistance with respect to the prevention and early intervention of
  - Substance abuse
  - Medication misuse and abuse
  - Mental health disorders
  - Co-occurring disorders
- Dissemination and implementation of evidence-based and promising practices





#### **TAC Resources**

- Overview of Substance Abuse and Mental Health Problems and Issues in Older Adults
- Evidence-Based Review of Prevention Programs:
   Substance Abuse and Mental Health
- Guide to Implementing Evidence-Based Prevention Practices for Older Adults





# Overview of Substance Abuse and Mental Health Problems in Older Adults

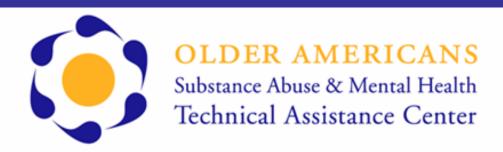
Substance Abuse and Mental Health Among Older Americans: The State of the Knowledge and Future Directions

Bartels SJ, Blow FC, Brockmann LM, Van Citters AD. Substance Abuse and Mental Health Among Older Adults: The State of Knowledge and Future Directions. Older Americans Substance Abuse and Mental Health Technical Assistance Center. 2005.





#### Review of Prevention EBPs for Older Adults



Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults

Blow FC, Bartels SJ, Brockmann LM, Van Citters AD. Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults. Older Americans Substance Abuse and Mental Health Technical Assistance Center. 2005.





#### **EBP Review Guide: Table of Contents**

#### INTRODUCTION

- The Growing Need for Prevention & Early Intervention Among Older Adults
- Science to Service

#### **METHODS**

- The IOM Prevention Framework
- Search Strategy
- Evaluation Process and Criteria

# PREVENTION OF SUBSTANCE MISUSE PROBLEMS

- Alcohol Misuse
- Medication Misuse

# PREVENTION OF MENTAL HEALTH PROBLEMS

- Depression and Anxiety
- Suicide Prevention

#### PREVENTION OF CO-OCCURRING SUBSTANCE ABUSE AND MENTAL HEALTH PROBLEMS

#### SUMMARY

- The Current State of the Evidence
- Dissemination Translation, Implementation, and Diffusion
- Research Needs and Future Directions





#### **EBP Implementation Guide**



A Guide for Implementing Evidence-Based Practices to Prevent Substance Abuse and Mental Health Problems among Older Adults Bartels SJ, Blow FC, Brockmann LM, Van Citters AD. A Guide for Implementing Evidence-Based Practices to Prevent Substance Abuse and Mental Health Problems among Older Adults:

Older Americans Substance Abuse and Mental Health Technical Assistance Center, forthcoming.





#### **EBP Implementation Guide: Table of Contents**

# PART 1: Implementation Science & Prevention with Older Adults

- 1. Introduction
- 2. National Imperative to Implement Evidence-Based Practices
- 3. Summary of the State-of-the-Art of Implementation Science
- 4. Adaptation of Existing Implementation Materials
- Characteristics of Older Adult Populations

#### PART 2: Implementation of Evidence-Based Practices for Older Adults

- Prevention and Early Intervention Among Older Adults
- 7. Adapting Implementation to Older Adult Settings and Providers
  - 1. Implementation Principles
  - 2. Core Implementation Components
  - 3. Implementation Process
- 8. Training for Service Providers Working with Older Adults
- 9. Summary and Key Recommendations





## Bridging the Gaps: EBP Implementation

- A national imperative to implement EBPs exists
  - President's New Freedom Commission on Mental Health
  - Many federal and state agencies require or endorse
- Science to service gap: scientifically proven effective practices are not widely used
- Implementation gap: positive outcomes achieved by research are not replicated in the field
- Both effective interventions and successful implementation as designed are necessary for positive outcomes





# Implementation Science Resources

- Research in implementation science offers general guidance
  - University of South Florida's National Implementation Research Network (2005) Implementation Research: A Synthesis of the Literature
  - Journal: Implementation Science
- Few implementation resources specific to older adults
  - NCOA Diffusion of Innovations
  - NCOA Model Health Program Toolkits





# Conventional Approaches Often Fail

- Well-documented experimental evidence for what implementation strategies do NOT work
  - Dissemination of information as a stand-alone strategy
  - Training alone, no matter how well done
- Providing guidelines or educational materials and conducting conventional training sessions are not sufficient to achieve substantial or lasting implementation of evidence-based practices





# Implementation Principles

1. Implementation of evidence-based prevention practices for older adults requires strategies that vary and adapt to different provider and service delivery settings and networks

Relatively few EBPs for older adult prevention means adaptation is essential

2. Implementation of evidence-based prevention practices for older adults requires organizational change





# Implementation Principles

3. Implementation of evidence-based prevention practices for older adults is a process, not an event

4. Implementation of evidence-based prevention practices for older adults is enhanced by having a "purveyor" of the evidence-based practice or program





#### Requirements for Successful Implementation

- Resources
- Time
- Organizational change
- Attend to all principles, components, and stages of implementation
- Fidelity to the model





# Core Implementation Components

- Systems Interventions
- Staffing
- Training/Coaching
- Program evaluation
- Administrative support





# Implementation Process

#### Six Stages of Implementation

- Exploration and Adoption
- Program Installation
- Initial Implementation
- Full Operation
- Innovation
- Sustainability





# Specific Implementation Strategies and Examples of Older Adult Prevention Programming

Core Implementation Components
Implementation Process





# **Core Implementation Components**

#### Systems Interventions

- Leadership
- Stakeholder involvement
- Implementation task force
- Resource allocation
- Organizational alignment
- Commitment of ongoing support





# **Example: Systems Interventions**

 Implementing the PROSPECT program included redesigning systems of care to include a depression care manager situated in the primary care setting. Systems were put in place to foster communication between the care manager and the PCP. The interventions relied on collaborative care between the patient, care manager, and PCP to develop a treatment plan. Electronic tracking and reminder systems were developed to evaluate depressive symptoms and prompt clinicians to revisit the treatment plan. Initial stakeholder buy-in and commitment to implementing this program was also essential.





# Core Implementation Components

#### Staffing

- Qualified direct staff, organization staff, and purveyor groups
- Age-specific competencies need to be present or developed
  - Accommodate physical, cognitive, sensory, and social functioning
  - Understand residential settings, aging services, and unique needs of older persons





# Example: Basic Staffing Competencies

- Knowledge of functional and cognitive assessment
- Comprehension of age-specific signs of substance abuse or mental health problems
- Knowledge of critical risk factors for older adults
- Understanding of the impact of co-occurring medical illness and multiple medications
- Awareness of appropriate accommodations to address physical difficulties, cognitive decline, sensory impairment, medical disabilities, mobility issues, and barriers to accessing care





# Example: Basic Staffing Competencies

- Active listening skills and sensitivity to special techniques, such as motivational interviewing
- Understanding the needs and challenges of different residential settings and aging services
- Knowledge of aging network services
- Sensitivity to stigma associated with substance abuse and mental illness in older persons
- Addressing the unique needs and preferences associated with culture, race, ethnicity, gender, sexual orientation, and urban versus rural living





## **Core Implementation Components**

#### Training/Coaching

- Skills-based training (rather than conventional in-services or conferences)
  - active demonstrations of the practice
  - opportunities to practice skills
- Training includes
  - Consultation
  - Monitoring
  - Feedback
  - Ongoing supervision with routine retraining





# **Core Implementation Components**

- Program evaluation
  - Assessment
    - Program fidelity
    - Process measures
    - Outcome measures
  - Age-sensitive accommodations and adaptations to program evaluation should be used
  - As many programs will require deliberate adaptation, measuring and attending to fidelity is critical





#### **Example: Fidelity Assessment**

 Assessing the fidelity of a brief alcohol intervention could evaluate the frequency and duration of providerconsumer meetings; location, content and structure of meetings; and provider training and type. For example, Project GOAL used two 10-15 minute physiciandelivered counseling sessions delivered one month apart in primary care settings. The brief intervention included a multi-faceted workbook and participants received a reinforcement telephone call from a clinic nurse two weeks after each physician visit. A primary care group attempting to implement this program would track these aspects of fidelity.





# **Example: Process Assessment**

• The Gatekeeper Program seeks to identify isolated older adults who are at-risk for developing substance abuse and mental health problems. Process measures may evaluate the number of referrals/month received. Evaluation of process data may indicate that the program consistently identifies a select sub-population of older adults (which may indicate the need to target efforts on other groups of older persons). Alternatively, tracking referrals may indicate that the program is most effective during certain periods of the year, such as summer (points out need for additional strategies for identifying at-risk older adults during other seasons).





#### **Example: Outcomes Assessment**

• Programs designed to reduce medication misuse through home-based medication reviews and modified instruction formats will have specified outcome measures that can be measured over time. An evaluation that assesses the effectiveness of the program would monitor a balanced selection of important outcome measures such as knowledge regarding medications, adherence to regimen, reduced adverse health symptoms, decrease in risky combinations of medications, etc.





# **Core Implementation Components**

#### Administrative support

- Improving support and guidance for implementation
- Reducing barriers to implementation
- Developing networks and linkages with related providers and systems
- Developing expertise in financing and organizing services specific to aging, substance abuse, mental health, and preventive services





#### 6 Stages of Implementation

#### 1. Exploration and Adoption

 Evaluate how EBP will address the needs of the specific aging population and agency resources.

#### 2. Program Installation

 Build structural supports; identifying funding; and establishing referral sources, policies, procedures, and training protocols.

#### 3. Initial Implementation

 Put EBP into operation, obtain feedback, monitor implementation, and problem-solve.





# 6 Stages of Implementation

#### 4. Full Operation

 Full integration of EBP into staffing, administration, and ongoing activities of the organization.

#### 5. Innovation

 Adapt and refine EBP based on feedback and outcomes, accommodate unique needs of agency, setting, and population.

#### 6. Sustainability

 Establish long-term financing, capacity, organizational changes, and supports to continue the EBP over the long-term.





# Stage 1 Tasks: Exploration and Adoption

#### Identify

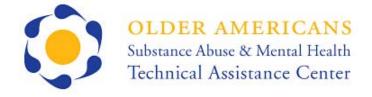
- setting of interest
- target population
- rates of SA/MH problems in target population
- risk and protective factors
- available resources to address needs
- gaps in services and resources
- readiness of community/organization to address prevention needs and service gaps
- appropriate and available prevention programs





# Example: Stage 1 Exploration and Adoption

• A community-based aging services agency decides to address depression among its medically-ill, low-income, homebound clients, investigates several possible programs, and decides to adopt the PEARLS program. The PEARLS program is a home-based program for detecting and managing minor depression and dysthymia among older adults.





# Stage 2 Tasks: Program Installation

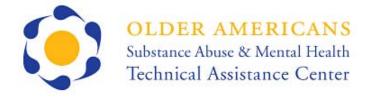
- Resources and time spent on "start-up" planning meetings and activities
- Staff hired or responsibilities of existing staff realigned
- Structural supports put in place, such as funding streams secured
- Tangible preparations made (space, equipment, technology)
- Policies and procedures developed
- Training sessions planned and conducted





# **Example: Stage 2 Program Installation**

• The agency assesses current staff and organization capacity to adopt the PEARLS program, plans to redirect efforts of one social worker and hires another, conducts training, identifies local community partners interested in participating in the program, sets up referral relationships with local physicians, and plans funding for non-reimbursed staff time.





## Stage 3 Tasks: Initial Implementation

- Initial attempts to put the EBP into operation
- Feedback from staff, coaches, supervisors, and consumers
- Collect of baseline data from staff and consumers
- Use new systems (if any) for information tracking, referrals, and agency linkages
- Problem-solve and consult with purveyor (if any) or other technical assistance





# **Example: Stage 3 Initial Implementation**

• Case managers and care providers from partner agencies begin identifying and referring depressed, homebound seniors to the PEARLS program. Program care managers and social workers begin assessments, treatment planning, and conducting problem-solving interventions. Coordination and communication between agencies and professionals begins, and baseline measurements of enrolled clients are taken.





# Stage 4 Tasks: Full Operation

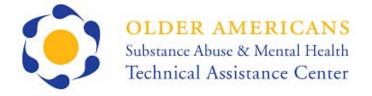
- Complete and consistent implementation of the EBP with full staffing and client loads
- Collect data from consumers and organization
- Continue training and feedback from coaches and supervisors
- Evaluate implementation and outcome data
- Report to funding sources
- Share information with partners and networks





#### **Example: Stage 4 Full Implementation**

• The PEARLS program is fully implemented in the new setting, with regular identification of clients in need of assistance, collaboration between agencies, interventions routinely conducted, and outcome measures taken at regular intervals. Reports to funding sources identify the effectiveness of the program in this setting and the numbers of older adults with improved mental well-being.





#### Stage 5 Tasks: Innovation

- Refine program based on implementation experiences
- Expand service to different populations or settings
- Assess if changes revise the original program enough that new experimental outcome studies may be needed
- Continue data collection and program evaluation
- Continue training and coaching/supervision of both new and continuing staff
- Network and share information with partners and purveyors (if any) about adaptations





# **Example: Stage 5 Innovation**

• The agency and partner organizations hope to expand outreach of the program and include client populations not currently involved in the program. They work together to change some program procedures, add staff to absorb new demands, and alter the length and number of intervention sessions provided. They monitor changes to see if mental well-being improves.





## Stage 6 Tasks: Sustainability

- Continue implementation of the EBP (possibly with adaptations)
- Continue data collection and program evaluation
- Continue training and coaching/supervision of both new and continuing staff
- Report and adapt to funding source requirements, as needed
- Maintain long-term survival of program through changes in leadership and organizational and political priorities





# **Example: Stage 6 Sustainability**

• The agency continues success with the modified PEARLS program, expanding with more partner agencies in a nearby county. They set up a mentoring system to avoid service gaps with new staff, and meet quarterly to address process issues and track outcomes. Systematically collected data on the successful outcomes of the program are used to justify changes in state policy to enact stable and expanded funding of prevention and early intervention programming.





## Training Programs

- Skill-based and participatory learning
  - Provide information, demonstrate specific skills, and rehearse skills with constructive feedback from trainer
- Collaborative and interactive
  - Cross-training service providers (aging, mental health, & substance abuse) helps build relationships and improves training by sharing different areas of expertise
- On-going coaching and follow-up is essential
- Cultural competency
  - Population-specific treatment characteristics, values, and beliefs
  - Skills for working with culturally diverse older populations.





# **Potential Training Content Areas**

- Information on a specific EBP
- Nature/scope of SA and MH problems in older adults
- Risk and protective factors
- Barriers to identification & screening
- Brief motivational enhancement strategies
- Outreach and service linkage
- SA and MH comorbidities
- Medical comorbidities
- Psychoactive medications

- Interactions between medications and alcohol
- Prevention and early intervention for substance use disorders
- Prevention of medication misuse
- Prevention and early intervention for depression and anxiety
- Suicide prevention
- Health promotion
- Coalition-building and developing implementation networks
- Cultural competency





#### Summary

- Both effective interventions and successful implementation are necessary for positive outcomes for the prevention of older adult substance abuse and mental health problems
- Adaptation may be necessary, but important to pay attention to essential core components of intervention and implementation
- Implementation is a process



